

APPENDIX A

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APPENDIX B

Child Feeding Questionnaire Items, Item Labels and Response Scale

Table B1*Child Feeding Questionnaire Factors, Item labels, Items, and Response Scale*

<i>Factor</i>	<i>Item</i>	<i>Item</i>	<i>Response scale</i>
Restriction	rst1a	I have to be sure that my child does not eat... ^a	1 = disagree
		... too many sweets (candy, icecream, cake, pastries)	2 = slightly disagree
	rst1b	...too many high-fat foods	3 = neutral
	rst1c	...too much of his/her favorite foods	4 = slightly agree
	rst2	I intentionally keep some foods out of my child's reach	5 = disagree
	rst3a	I offer sweets (candy, ice-cream, cake, pastries) to my child as a reward for good behavior	
	rst3b	I offer my child his/her favorite foods in exchange for good behavior	
	rst4a	If I did not guide or regulate my child's eating, he/she would eat much more than he/she should	
Pressure to eat	pe1	My child should always eat all of the food on his/her plate	
	pe2	I have to be especially careful to make sure my child eats enough	
	pe3	If my child says 'I'm not hungry', I try to get him/her to eat anyway	
	pe4	If I did not guide or regulate my child's eating, he/she would eat much less than he/she should	
Monitoring	mon1	How much do you keep track of the... ^a	1 = never
		sweets that your child eats?	2 = rarely

<i>Factor</i>	<i>Item</i>	<i>Item</i>	<i>Response scale</i>
	mon2	...snack food that your child eats?	3 = sometimes
	mon3	...high fat food that your child eats?	4 = mostly 5 = always
Perceived responsibility	pr1	When your child is at home, how often are you responsible for feeding him/her?	1 = never 2 = seldom
	pr2	How often are you responsible for deciding what your child's portion sizes are?	3 = half of the time 4 = most of the time
	pr3	How often are you responsible for deciding if your child has eaten the right kind of food?	5 = always
Perceived parent weight	ppw1	Your childhood (5 to 10 years old)	1 = markedly underweight
	ppw2	Your adolescence	2 = underweight
	ppw3	Your 20's	3 = normal
	ppw4	At present	4 = overweight
Perceived child weight	pcw1	Your child during the first year of life	5 = markedly overweight
	pcw2	Your child as a toddler	
	pcw3	Your child as a preschooler	
Concern about child weight	con1	How concerned are you about your child... ^a eating too much when you are not around him/her?	1 = unconcerned 2 = a little concerned 3 = concerned
	con2	... your child having to diet to maintain a desirable weight?	4 = fairly concerned
	con3	... your child becoming overweight?	5 = very concerned

^a ...this text precedes the following item

APPENDIX C

Correlation Matrix for the Child Feeding Questionnaire Items

Table C1.

Correlation Matrix for the Child Feeding Questionnaire Items

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
1 rstla	1																											
2 rstlb	.771	1																										
3 rstlc	.481	.565	1																									
4 rst2	.298	.351	.296	1																								
5 rst3a	.153	.168	.152	.185	1																							
6 rst3b	.162	.203	.153	.146	.722	1																						
7 rst4a	.484	.451	.420	.273	.318	.347	1																					
8 rst4b	.335	.310	.581	.257	.233	.311	.739	1																				
9 pe1	.198	.134	.288	.163	.347	.237	.204	.238	1																			
10 pe2	.049	.038	.237	.038	.251	.196	.174	.266	.339	1																		
11 pe3	.076	-.020	.229	.095	.245	.182	.144	.240	.471	.548	1																	
12 pe4	.053	.071	.185	-.015	.280	.294	.221	.294	.327	.759	.522	1																
13 mon1	.187	.267	.127	.122	.032	-.024	.049	.035	.092	-.059	.056	-.064	1															
14 mon2	.203	.280	.112	.142	.037	-.031	.028	.007	.122	-.056	.064	-.052	.949	1														
15 mon3	.200	.398	.129	.122	.037	-.004	.052	-.028	.073	-.052	-.028	.004	.739	.769	1													
16 pr1	.041	.026	.087	-.003	-.077	-.095	-.083	-.021	.140	.051	.139	.063	.268	.278	.151	1												
17 pr2	.049	.037	.088	.006	-.043	-.067	-.040	.006	.143	.039	.131	.008	.271	.259	.166	.901	1											
18 pr3	.088	.102	.162	.013	-.051	-.055	-.005	.048	.074	.032	.092	-.001	.272	.288	.180	.774	.802	1										
19 pcw1	.008	.102	-.043	.041	.019	.062	.157	.095	-.124	-.189	-.064	-.075	.090	.067	.167	.051	.083	-.036	1									
20 pcw2	.073	.166	.018	.113	-.002	-.008	.078	.030	-.140	-.267	-.111	-.247	.123	.116	.161	-.040	-.025	-.076	.714	1								
21 pcw3	-.015	.054	-.006	.039	-.021	-.044	.051	.047	-.106	-.198	-.096	-.171	.094	.093	.117	-.077	-.078	-.123	.516	.690	1							
22 ccw1	-.004	.109	.094	.120	-.059	.030	.131	.136	.033	-.091	-.064	-.050	.039	.026	.053	-.036	-.020	-.094	.187	.284	.346	1						
23 ccw2	.128	.236	.171	.159	.018	.094	.249	.246	.130	-.017	-.008	.020	.120	.114	.171	.008	.027	-.070	.090	.131	.234	.582	1					
24 ccw3	.087	.188	.097	.079	.051	.127	.089	.141	.035	.079	-.043	.159	.102	.115	.127	.124	.133	.007	.121	.117	.171	.455	.460	1				
25 ppw1	-.019	-.023	-.078	.002	-.024	.020	-.083	-.058	-.122	-.208	-.080	-.157	-.007	-.023	-.051	.054	.024	.219	.173	.144	.024	.144	.024	-.091	-.025	1		
26 ppw2	-.022	-.024	.016	-.015	-.092	.001	-.008	-.029	-.094	-.153	-.117	-.139	.014	.017	-.024	-.124	-.109	-.123	.062	.068	.103	.132	.058	.135	.554	1		
27 ppw3	-.189	-.123	-.147	-.023	-.116	-.061	.004	-.016	-.103	-.101	-.086	-.085	-.015	-.039	.050	-.013	.024	-.034	.119	-.003	.118	.101	.047	.060	.307	.358	1	
28 ppw4	-.066	.005	.010	-.014	.015	.044	.065	.103	-.027	.003	-.002	-.020	-.040	-.082	-.029	-.018	.011	-.034	.099	.081	.079	.234	.130	.109	.256	.256	.516	1

APPENDIX D

Interview Schedule

Interview Protocol

Introduction

Establish consent

- Check that participant has read information sheet

The information you provide may be published but your privacy will be protected and personal information will not be divulged. Your participation will assist in the advancement of research but you may not receive any personal benefit from the research. You are free to withdraw any time.

Check exclusion criteria

- No congenital abnormalities that affect growth (major congenital heart defects, cystic fibrosis, PKU)
- No Serious food allergies or sensitivities
- Not born less than 37 weeks gestation

Today's interview will take about 25 minutes. I'll be asking you some questions to understand the different approaches and strategies that you use to feed your toddler and how you manage what your toddler eats. There will be some background questions at the end. Please be assured that there are no right or wrong answers. If you don't wish to answer a particular question let me know.

Section 1 (people responsible for feeding the toddler)

Qu. 1 Do other people regularly look after and feed _____? By regularly I mean at least one day per week on most weeks?

Person	Do they provide food? Yes (y) / No (n)	Days per week?	Meals? B MT L AT D S
Day care centre			
Grandparent			
Father			
Other relative			
Child's parent living elsewhere			

Note: B = breakfast, MT = morning tea, L = lunch, AT = afternoon tea, D = dinner, S = supper

Qu.2 Do you have any concerns about what other people feed to your child?

Section 2 (mothers' control over the toddlers' access to snack foods)

This next section is about strategies that you use to manage your toddler's consumption of sweets and snack foods. The types of foods I am referring to are salty snacks (e.g., biscuits & chips), sugary snacks (e.g., chocolate, cakes, biscuits & confectionary), high fat snack foods (e.g., high fat dairy desserts, ice-cream & pastries). This can be a difficult issue for parents to manage since children tend to like these types of foods. Please rest assured that there are no right or wrong answers. I'm interested to know what your experience has been in trying to manage these foods in the diet.

Qu. 1 What types of sweets and snacks does your child eat?

Prompts

- availability?
- how often?
- other caregivers?

Qu. 2 Are there foods that you are not happy for your child to eat?

Prompts

- availability?
- exceptions?
- other caregivers?

Qu. 3 How confident are you that _____ is having the right amount of these foods?

Qu. 4 Can you tell me what you think is the right amount?

Qu. 5 How easy or difficult is to manage at this stage?

Prompts

- why easy/difficult?
- child's awareness?
- home?
- outside the home?
- interactions with child?

I'm now going to ask read out some statements. Please refer to scale A to respond. I also like to encourage you to elaborate on your response once you have selected the scale response.

Restricted Access Questionnaire

		Never	Rarely	Sometimes	Mostly	Always
1	How often do you monitor your child's eating of sweets/snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	How often do you limit the amount of sweet/snack you let your child eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	How often do you limit when the food is available to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	How often do you keep the food out of reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	How often do limit when the food is in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	How often would you get upset if someone else gave the child a sweet/snack food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	How often would you limit the opportunities for your child to eat sweets/snack foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prompts

- how do you keep track (qu. 1)?

-how do you do this (qu. 2, 3 & 7)?

-if not applicable, how do you think you'd react (qu. 6)?

Please use Scale B to respond to the next set of statements.

Child Feeding Questionnaire (Restriction)

	Disagree	Slightly disagree	Neutral	Slightly agree	Agree
1 I have to be sure that my child does not eat too many sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I have to be sure that my child does not eat too many high-fat foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I have to be sure that my child does not eat too much of his/her favourite foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I intentionally keep some foods out of my child's reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I offer sweets to my child as a reward for good behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I offer my child his/her favourite foods in exchange for good behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 If I did not guide or regulate my child's eating, he/she would eat too many junk foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If I did not guide or regulate my child's eating, he/she would eat too much of her favourite foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use Scale A for the last few statements?

	Never	Rarely	S/times	Mostly	Always
9 How much do you keep track of the sweets that your toddler eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 How much do you keep track of the snack foods that your toddler eats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 How much do you keep track of the high fat foods that your toddler eats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prompts

- how do you keep track (qu. 1, 2 & 3, & 9 - 11)? Specific strategies (qu. 4)?
- other uses of snacks: to calm toddler?, keep occupied?, fussy eating (qu. 5 & 6)?
- if not applicable, explain what parent thinks toddler might do (qu. 7 & 8)?

Section 3 (concern about child's weight)

Children's growth in the early years can be a source of concern for parents. Parents' view on their child's weight is an area of interest for researchers. The following questions are about are designed to address concerns you may have about your child's weight. Please refer to Scale C.

Qu. 1 Are you currently concerned about your child's weight?

Unconcerned A little concerned Concerned Fairly concerned Very concerned

Comments:

Qu. 2 Are you concerned that your child *might become* overweight?

Unconcerned A little concerned Concerned Fairly concerned Very concerned

Comments:

Qu. 3 Do you believe _____ is vulnerable to becoming overweight?

No Yes

Comments:

Qu. 4 Are you concerned about _____ eating too much when you are not around him/her?

Unconcerned A little concerned Concerned Fairly concerned Very concerned

Comments:

I'm now going to read out some statements. Please use Scale A to respond.

Infant Feeding Questionnaire

	Never	Rarely	Sometimes	Mostly	Always
1 It is a struggle to get my toddler to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I worry that my toddler is not eating enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I worry that my toddler is eating too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I get upset if my toddler eats too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Disagree a lot	Disagree	Neutral	Agree	Agree a lot
If I do not encourage my toddler to eat then he will not eat enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried that my toddler will become underweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried that my toddler will become overweight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you. That concludes the formal part of the interview. To complete the interview I'd like to get some background information about you and your toddler.

Section 4 (background information)

Qu.1 What is your date of birth?

Qu.2 Did you complete high school? Did you go on to do any further study?

- Completed some high school
- Completed high school
- Trade certificate/ vocational qualifications
- University

Qu.3 Are you currently working?

- Yes
- No

Qu. 4 What work do you do/did you do? _____

Qu.5 How tall are you? _____

Qu.6 How much do you weight? _____

Qu.7 What is _____ date of birth?

Qu.8 How tall is he/she at the moment? _____

Qu.9 How much does he/she weight? _____

Qu. 10 Is your household:

- Single parent household
- Two parent household

Qu. 11 Does your toddler have siblings?

- Yes → How many? _____
- No

Thank you once again for your time. Your insights have been very valuable to this research.

APPENDIX E

An Example of the Application of Indexing to the Interview Notes

Participant 11: 35 year old mother/ 24 month old toddler

Question	Index Code
<p>Qu. 1 What types of sweets and snacks does your child eat?</p> <p><u>Minimal of all sugary things, no cordials, no sweet cakes, avoid cream or icing</u></p> <p>Likes rice crackers</p> <p>Chips, eats these at home with older sisters; Plain biscuits, occasionally</p> <p>Child doesn't eat these foods very often because <u>he's very interested in bread and cheese sticks</u> so mum will give these foods for a snack if he's hungry. "They're also easy to take with you if you're out".</p> <p><u>No foods at home except biscuit and chips</u>, just recently had clean out of 'junk'</p> <p><u>Chips and shapes</u>, mum does keep these in the pantry, mainly because that what the older children like at the moment</p>	<p>1.1 Medium exposure (some forbidden foods)</p> <p>3.1 Liking of sweets and snacks (low)</p> <p>1.4 Foods available at home (Yes)</p> <p>1.2 Medium Exposure (biscuits, chips)</p>
<p>Qu. 2 Are there foods that you are not happy for your child to eat?</p> <p>(see above) <u>Sugary foods are avoided</u> because she found that her older children became quite 'wound up' with sugary foods. Mum tries to avoid these types of foods herself. But child does have these foods sometimes as a true treat, it's just not something she buys as part of the weekly shop.</p>	<p>1.1 Medium exposure (foods as treat, not consumed regularly)</p>
<p>Qu. 3 How confident are you that _____ is having the right amount of these foods?</p> <p>Very confident, he doesn't have them everyday. Also said that because she is the one feeding him she feels confident that he's not having too much.</p> <p>Qu. 4 Can you tell me what you think is the right amount?</p> <p>Mother indicated that this was tough to answer.</p> <p><u>"I think as long as he doesn't have them everyday"</u>. Her mum was strict growing up. If it's a <u>treat every now and again</u>. They don't buy too many packaged treats, even for the older girls.</p> <p>Gave an example with chips: Mum doesn't buy the little packets (too much wastage) so they put some in a bowl. She tried putting just a few on a plate for him but he didn't like that. <u>She just lets him eat from the big bowl</u> and said that she doesn't mind because it's only a <u>couple of times a week</u>.</p> <p><u>"I only buy the plain variety or corn"</u>. Went on to say that she wasn't keen on giving toddler the flavoured varieties because she thinks it makes him 'hyper', and she thinks the plain might be a little better.</p>	<p>2.3 Parent-control – mum controls food choices</p> <p>2.1 Beliefs (med restriction)</p> <p>2.2 Flex (Portion size)</p> <p>1.3 (ii) <daily>once a week</p> <p>2.2 Rigid (Type)</p>

<p>Prompt – When does he have the chips?</p> <p>It depends. <u>No specific times</u>, after school time or weekends more so.</p>	<p>2.7 Foods restricted to social occasions (low)</p>
<p>Qu. 5 How easy or difficult is to manage at this stage?</p> <p>Pretty easy.</p> <p>Prompt: home?</p> <p>Mum doesn't really find it a problem in the home. Child does know that the cheese is the fridge and will sometimes point to it but she <u>doesn't find that he wants other foods from the pantry</u>. Mum described herself as 'creature of habit' when it comes to preparing the kids meal, and will quite often prepare the same sorts of meals. At the moment toddler is happy to eat what she gives him.</p> <p>Prompt: outside the home?</p> <p>Mum indicated that outside the home is a bit different. Child doesn't always behave the same way when they're out, so she's tend to <u>make sure he's fed before they go</u>. Mum said she 'doesn't make a big deal out of the food' when they go out and toddler is quite often more interested in playing. "<u>I'm glad because I'd rather he didn't eat it</u>". She <u>gave example of being at a BBQ: "If there's a smorgasbord of sweets, I just wouldn't go there with him"</u>.</p> <p>Mum indicated that <u>she is "prepared" when they go out</u>. She "sees the way that other mums fuss". She thought some mums actually felt bad if their kids didn't eat something and they would keep trying different foods until they ate.</p> <p>The kids are at her sisters quite a bit. If he sees something that the other kids are having he will usually want it too. Mother indicated that it can be "a bit more difficult" in that situation, but <u>she doesn't get pressured into giving him everything he wants</u>. Recently he's shown an interest in what other people are having and then he'll want it too. If they're out just as a family and are having an ice-cream or some other treat, he would want it. It's not a problem in that situation because they are going specifically to have a treat.</p>	<p>1.5 Low awareness</p> <p>2.5 Food available at social occasions (yes)</p> <p>2.6 Restricted access at social occasions (High)</p> <p>2.6 Restricted access at social occasions High</p> <p>1.6 Outings</p> <p>2.4 Self-efficacy (High)</p> <p>1.6 Relatives</p> <p>2.4 Self-efficacy (High)</p>
<p>RAQ - qu. 1 - how do you monitor your child's eating of sweets/snacks?</p> <p>Unprompted: Indicated always, but then indicated that she didn't really need to check up on him. <u>There are other foods that he will go for generally</u>. <u>When he wants a sweet it's usually because he sees his sister with something</u> but quite often he won't be interested in eating it.</p>	<p>3.1 Liking of sweets and snacks (low)</p> <p>3.2 Asking for sweet or snack (prompted)</p>

<p>RAQ – qu.2 - how often do you limit the amount you let your child eat?</p> <p>Unprompted: Always with sugary foods (e.g., only small scoop of ice-cream). Hasn't found that she needs to limit the amount but does limit opportunities.</p>	
<p>RAQ – qu.6 – Would you get upset if someone else gave the child a sweet/snack food? Prompted: how do you think you'd react?</p> <p>Indicated that she wouldn't really be happy, unless it was someone close to the family. She said someone at her work gave him a chocolate. <u>She felt "annoyed" that they assumed it was okay.</u></p>	<p>2.3 Parent-control, mum likes to control food choices</p>
<p>Restriction Qu. 1 -3</p> <p>Agreed that she had to be sure toddler does not eat too many sweets but doesn't worry too much about high fat foods because a lot of food he eats on a regular basis not high fat anyway. She has no problem with him eating his favourite foods.</p>	
<p>Restriction qu. 4 I Intentionally keep some foods out of my child's reach</p> <p>She wouldn't have foods out in view all the time.</p>	<p>1.5 Exposure in the home (low)</p>
<p>Restriction qu.5&6</p> <p>Mother was adamant that she did not use food to reward behavior, "it wouldn't work".</p>	
<p>Restriction qu. 7&8 If I didn't guide or regulate my child's eating, he would eat too many junk foods/high fat foods</p> <p>Agreed that she has to be conscious of it, but didn't think he would eat too much. She talked about how child is not a really big eater so it's not something she worries about. She has seen some toddlers eat "heaps of foods" and that might worry someone if it happened a lot. She also added that she wouldn't be too worried with her son.</p>	

APPENDIX F

Questionnaire Sample 1



Parent Feeding Questionnaire

Managing Sweets and Snack Foods in

Your Toddler's Diet

A collage of pictures, depicting 'sweets and snacks' was provided in this space, but has not been reproduced in the thesis due to copyright.

Introduction

- This questionnaire is about sweets and snack foods and how you manage them in your toddler's diet.
- What do I mean by sweets and snack foods? In the picture on the front page, I have given some examples. For this survey, I'd like you to think about any sweet or snack food that would 'fit' amongst those that are shown. For example, most types of cakes and biscuits that you can buy would be included here.
- As you know, these foods are everywhere and children begin to become aware of these from a young age.
- This questionnaire is about what you do and how you think about these foods. We understand that there are certain sweets and snacks that you wouldn't give your child for fear of choking or allergic reaction. When answering these questions please assume that the foods are safe for your child to eat. Remember that we are interested in your general approach to these types of foods.
- There are no right or wrong answers. It's best to go with your first instinct.

Part 1

- This first section asks you about the way that you manage sweets and snack foods in your toddler's diet and your attitudes towards these foods.
- Please answer ALL the questions that follow even if you are unsure of your response.
- Tick one response for each

1. Thinking about the types of foods like those shown on the front page, my toddler is

- Is unaware of all (or most)
- Is unaware of many
- Is aware of some
- Is aware of many
- Is aware of all (or most)

2. Thinking about sweets and snacks like those in the picture, I would allow my toddler to eat

- None of these
- Some of these
- About half of these
- Most of these
- All of these

3. Thinking about sweets and snack foods like those in the picture, I would prevent my toddler from eating

- None of these
- Some of these
- About half of these
- Most of these
- All of these

4. I would give my toddler a sweet or snack food

- Never
- Less than once a week
- 1 to 3 times a week
- 4- 7 times a week
- At least once a day

5. If I've told my toddler 'no you can't have it', I'm likely to give in to his/her demands

- Never
- Rarely
- Sometimes
- Mostly
- Always

Thinking about sweets and snack foods, indicate how often the following scenarios would have occurred.

6. Your toddler 'asks for' (includes actions if your toddler does not talk) a sweet or snack food

- Never
- Less than once a week
- 1 to 3 times a week
- 4- 7 times a week
- At least once a day

7. Your toddler 'asks you' to give him/her some more of a sweet or snack food

- Never
- Less than once a week
- 1 to 3 times a week
- 4- 7 times a week
- At least once a day

Indicate how often each of these scenarios would occur

8. My home is free of sweets and snack foods.

- Never
- Rarely
- Sometimes
- Mostly
- Always

9. In my home, there sweets and snacks that my toddler can see, but can't reach.

- Never
- Rarely
- Sometimes
- Mostly
- Always

10. In my home, there are sweets and snacks that are hidden from my toddler's view

- Never
- Rarely
- Sometimes
- Mostly
- Always

11. In my home, there are sweets and snacks that my toddler can access by himself/herself

- Never
- Rarely
- Sometimes
- Mostly
- Always

12. I avoid taking my toddler to places where sweets and snacks are very visible.

- Never
- Rarely
- Sometimes
- Mostly
- Always

13. I avoid taking my toddler to places where he/she might 'ask me for' a sweet or snack.

- Never
- Rarely
- Sometimes
- Mostly
- Always

14. (Sweets and snack foods are displayed at the counter in most shops.) When I am at the counter with my toddler I buy a sweet or snack for him/her...

- Never
- Rarely
- Sometimes
- Mostly
- Always

Please indicate your agreement with each statement by ticking the appropriate box

When it comes to sweets and snack foods like those shown in the picture...		Not at all true of me	Rarely true of me	Sometimes true of me	Mostly true of me	Always true of me
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I have very <i>firm</i> rules about <i>what types of foods</i> I allow my toddler to have (i.e., I stick to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I am <i>flexible</i> about <i>what types of foods</i> I allow my toddler to have (i.e., it depends on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I have very <i>firm</i> rules about <i>when</i> I allow my toddler to have sweets and snack foods (i.e., I stick to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I am <i>flexible</i> about <i>when</i> I allow my toddler to have sweets and snack foods (i.e., it depends on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I have <i>firm</i> rules about the <i>amount</i> I allow my toddler to have (i.e., i.e., I stick to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I am <i>flexible</i> about the <i>amount</i> I allow my toddler to have (i.e., it depends on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	I like to have complete control over what types of sweets and snacks my toddler is given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I do not allow other people to give sweets and snack foods to my toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Never	Rarely	Sometimes	Mostly	Always
23	I allow certain other people to make decisions about the types of sweets and snack foods my toddler is given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	I get upset when my toddler is given sweets and snack foods by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	I feel guilty about giving my toddler sweets and snack foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	I feel pressured to give my toddler these foods when he/she hasn't eaten other foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	I'm afraid my toddler won't like me if I don't give her the foods that he/she likes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	When it comes to sweets and snack foods, I spoil my toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	I'm confident about my parenting abilities when it comes to managing these foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	I worry that my toddler eats too much of these foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	I tell my toddler why certain foods are only for sometimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	I explain to my toddler why certain foods are healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2

- The following section is about sweets and snacks at social occasions (e.g., gatherings with friends, parties etc).
- Think about your experiences with your toddler at social occasions and answer the following questions
- Tick one response for each

1. Think about the Social Occasions (SO) in your life that you attend with your toddler (e.g., gatherings with friends, parties etc), and indicate how often sweets and snacks foods are available

- Always available
- Mostly available
- Sometimes available
- Rarely available
- Never available

2. How often is your toddler given a sweet and/or snack food at Social Occasions (SO)

- Always
- Mostly
- Sometimes
- Rarely
- Never

For each statement think specifically about Social Occasions (SO)		Not at all true of me	Rarely true of me	Sometimes true of me	Mostly true of me	Always true of me
3	At Social Occasions, I have <i>firm rules</i> about the <i>amount</i> of sweets and snack foods my toddler is allowed to eat (i.e., I stick to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	At SO, I am <i>flexible</i> about the <i>amount</i> of sweets and snack foods my toddler is allowed to eat (i.e., it depends on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	At SO, I have <i>firm rules</i> about <i>when</i> I let my toddler eat a sweet or snack (e.g., must have something else to eat first; must be well behaved etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	At SO, I am <i>flexible</i> about <i>when</i> I let my toddler eat a sweet or snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	At SO, I have very <i>firm rules</i> about <i>what types</i> of sweets and snack foods I allow my toddler to have (i.e., I stick to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	At SO, I am <i>flexible</i> about <i>what types</i> of sweets and snack foods I allow my toddler to have (i.e., it depends on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	At SO I allow my toddler to have sweets and snack foods of <i>my choosing</i> only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	At SO I allow my toddler to have sweets and snack foods of <i>his/her choosing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I deliberately avoid giving my toddler sweets and snack foods at SO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I avoid SO with my toddler where I know these types foods will be available for him/her to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I attend SO with my toddler only when I am confident that there will be foods that I approve of for my toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I can manage SO well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I find that SO present a battle for me and my toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	At SO I find that I feel pressured to give my toddler these foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

- The follow section is about your toddler's behaviour and reactions to sweets and snack foods.
- Think about your experience with your toddler where these foods are concerned and indicate your agreement with each statement
- Tick one response for each

Reactions to Snack and Sweet Foods

	Not at all true of my toddler	Rarely true of my toddler	Sometimes true of my toddler	Mostly true of my toddler	Completely true of my toddler
1 My toddler seeks out (or asks for) these types of foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 My toddler has a taste for these foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 If my toddler was to see these foods, he/she would be interested in them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 If my toddler was to see these foods, he/she would want them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 If my toddler was to see a sweet or snack food, he/she would recognise it as being 'different' from other foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4

- In the following section you will be asked to record some information about how often your toddler has eaten certain types of sweets and snack foods over the last month.
- Read the instructions carefully

Instructions:

Think back over the last month and record how often your toddler was given a sweet food or snack food as a treat. We are interested in how often your toddler had a treat food, not how much they ate each time.

Example: If your toddler has eaten salty biscuits like mini ritz once every day (but less than twice a day), you would record like this

TIMES YOUR CHILD HAS EATEN	N E V E R	Less than once	1 to 3 times	1 time	2 times	3 to 4 times	5 to 6 times	1 time	2 times	3 or more times
		PER MONTH			PER WEEK				PER DAY	
Salty, flavoured or cheesy crackers E.g. In-a-biskit, Shapes, mini ritz, jatz	0	0	0	0	0	0	0	<input checked="" type="checkbox"/>	0	0

Complete the following table for each food type. Tick one box per line

TIMES YOUR CHILD HAS EATEN	N E V E R	Less than once	1 to 3 times	1 time	2 times	3 to 4 times	5 to 6 times	1 time	2 times	3 or more times
		PER MONTH			PER WEEK				PER DAY	
Salty, flavoured or cheesy crackers E.g. In-a-biskit, Shapes, mini ritz, jatz	0	0	0	0	0	0	0	0	0	0
Sweet biscuits E.g. Yoyo, wiggles biscuits, tiny teddy, any plain sweet biscuit	0	0	0	0	0	0	0	0	0	0
Cakes and other sweet pastries E.g. cinnamon doughnut, baker's delight buns, any sweet cake etc	0	0	0	0	0	0	0	0	0	0
Chips and Crisps E.g. plain and flavoured chips, cheezels etc	0	0	0	0	0	0	0	0	0	0
High fat, high sugar dairy snacks E.g. Yogo, custards, ice-cream etc	0	0	0	0	0	0	0	0	0	0

Part 5

- The following questionnaire has been used in research overseas looking at parent feeding style and their children's eating behaviour.
- We would like to know how Australian parents respond.
- Please answer all questions

Child Feeding Questionnaire

		Disagree	Slightly disagree	Neutral	Slightly agree	Agree
1	I have to be sure that my child does not eat too many sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I have to be sure that my child does not eat too many high-fat foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I have to be sure that my child does not eat too much of his/her favourite foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I intentionally keep some foods out of my child's reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I offer sweets to my child as a reward for good behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I offer my child his/her favourite foods in exchange for good behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	If I did not guide or regulate my child's eating, he/she would eat too many junk foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	If I did not guide or regulate my child's eating, he/she would eat too much of her favourite foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	My child should always eat all of the food on his/her plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I have to be especially careful to make sure my child eats enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	If my child indicates that he/she is not hungry, I try to get him/her to eat anyway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	If I did not guide or regulate my child's eating, he/she would eat much less than he/she should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How often do you keep track of the sweets that your toddler eats?

- Never
- Rarely
- Sometimes
- Mostly
- Always

2. How often do you keep track of the snack food that your toddler eats?

- Never
- Rarely
- Sometimes
- Mostly
- Always

3. How often do you keep track of the high fat foods that your toddler eats?

- Never
- Rarely
- Sometimes
- Mostly
- Always

4. When your toddler is at home, how often are you responsible for feeding him/her?

- Never
- Seldom
- Half the time
- Most of the time
- Always

5. How often are you responsible for deciding your toddler's portion sizes?

- Never
- Seldom
- Half the time
- Most of the time
- Always

6. How often are you responsible for deciding if your toddler has eaten the right kind of foods?

- Never
- Seldom
- Half the time
- Most of the time
- Always

Your Child's Weight

7. During the first year of life my child was...

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

8. As a toddler my child is...

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

9. How concerned are you that your child might become overweight?

- Unconcerned
- A little concerned
- Concerned
- Fairly concerned
- Very concerned

10. How concerned are you about your child eating too much when you are not around him/her?

- Unconcerned
- A little concerned
- Concerned
- Fairly concerned
- Very concerned

11. How would you describe your current feelings about your child's weight?

- Totally unconcerned (go to question 13 and continue)
- Only a little concerned
- Moderately concerned
- Very concerned

12. Is your concern about your child being overweight or underweight?

- Overweight
- Underweight

13. Do you believe your child is vulnerable to becoming overweight?

- No
- Yes → A little vulnerable
 - Quite vulnerable
 - Very vulnerable

14. How would you describe your child's current weight?

- A lot lighter than other children their age
- A bit lighter than other children their age
- About the same as other children their age
- A bit heavier than other children their age
- A lot heavier than other children their age

14. How would you describe your child's level of physical activity?

- A lot more active than other children their age
- A bit more active other children their age
- About the as other children their age
- A bit less active than other children their age
- A lot less active than other children their age

Could you please indicate your weight during

15. Your Childhood (5 to 10 years)

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

16. Your adolescence

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

17. Your 20s

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

18. At present

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

19. What is your current weight? _____ kg

(use a scale to measure if possible)

- This was measured with a scale
- This is my best guess

20. What is your current height? _____ cm

- I know this to be correct
- This is my best guess

Your Background

1. Your Date of Birth ____/____/____

2. Your Occupation (be specific)

(indicate usual job if not currently working)

3. Highest level of education completed

- Some high school
- Completed high school
- Tech, Trade or TAFE qualification
- University
- Post graduate studies

4. Which of the following describes the culture(s) that most influence your feeding practices (tick every option that applies)

- Aboriginal/ Torres Strait Island
- German
- Greek
- Australian
- Indian
- British
- Irish
- Chinese
- Italian
- Dutch
- Scottish
- English
- Vietnamese
- Other (please specify) _____

Your Child and Your Family

5. Child's Date of Birth ____/____/____

6. Child's Sex

- Male
- Female

7. Child's birth weight _____

(please indicate whether lb, g, or kg)

8. Duration of Breastfeeding _____

- I did not breastfeed (tick if applicable)

9. Does your child have siblings?

- No
- Yes → how many? _____

IMPORTANT¹

So that we can match this questionnaire to the one that you will complete in two weeks time please complete the code below



First two letters of your

FIRST NAME →

First two letters of your

SURNAME →

Thank you. Please return the questionnaire in the reply-paid envelope provided.

¹ This section was included only for participants who participated in the test-retest phase.

APPENDIX G

Questionnaire Sample 2



NURSE TO COMPLETE
Child's Heightcm
Child's Weightkg

Parent Feeding Questionnaire

Managing Sweets and Snack Foods in

Your Toddler's Diet

A collage of pictures, depicting 'sweets and snacks' was provided in this space, but has not been reproduced in this thesis due to copyright.

Introduction

- This questionnaire is about sweets and snack foods and how you managed them in your child's diet when he/she was a toddler (between 18 – 24 months of age).
- What do I mean by sweets and snack foods? In the picture on the front page, I have given some examples. For this survey, I'd like you to think about any sweet or snack food that would 'fit' amongst those that are shown. For example, most types of cakes and biscuits that you can buy would be included here.
- As you know, these foods are everywhere and children begin to become aware of these from a young age.
- This questionnaire is about what you did and how you thought about these foods during your child's toddler years. We understand that there are certain sweets and snacks that you wouldn't have given your child for fear of choking or allergic reaction. When answering these questions please assume that the foods were safe for your child to eat. Remember that we are interested in your general approach to these types of foods.
- There are no right or wrong answers. It's best to go with your first instinct.

Part 1

- This first section asks you about
 - the way that you managed sweets and snack foods in your child's diet when he/she was a toddler (aged between 18 – 24 months)
 - your attitudes towards these foods when your child was toddler
- Please answer ALL the questions that follow even if you are unsure of your response.
- Tick one response for each

1. Thinking about the types of foods like those shown on the front page, my toddler

- Was unaware of all (or most)
- Was unaware of many
- Was aware of some
- Was aware of many
- Was aware of all (or most)

2. Thinking about sweets and snacks like those in the picture, I would have allowed my toddler to eat

- None of these
- Some of these
- About half of these
- Most of these
- All of these

3. Thinking about sweets and snack foods like those in the picture, I would have prevented my toddler from eating

- None of these
- Some of these
- About half of these
- Most of these
- All of these

4. I would have given my toddler a sweet or snack food

- Never
- Less than once a week
- 1 to 3 times a week
- 4- 7 times a week
- At least once a day

5. If I had told my toddler 'no you can't have it', I would have been likely to give in to his/her demands

- Never
- Rarely
- Sometimes
- Mostly
- Always

Thinking about sweets and snack foods, indicate how often the following scenarios would have occurred

6. Your toddler 'asks for' (includes actions if your toddler did not talk) a sweet or snack food

- Never
- Less than once a week
- 1 to 3 times a week
- 4- 7 times a week
- At least once a day

7. Your toddler 'asks you' to give him/her some more of a sweet or snack food

- Never
- Less than once a week
- 1 to 3 times a week
- 4- 7 times a week
- At least once a day

Indicate how often each of these scenarios would have occurred

8. My home was free of sweets and snack foods.

- Never
- Rarely
- Sometimes
- Mostly
- Always

9. In my home, there were sweets and snacks that my toddler could see, but couldn't reach.

- Never
- Rarely
- Sometimes
- Mostly
- Always

10. In my home, there were sweets and snacks that were hidden from my toddler's view

- Never
- Rarely
- Sometimes
- Mostly
- Always

11. In my home, there were sweets and snacks that my toddler could access by himself/herself

- Never
- Rarely
- Sometimes
- Mostly
- Always

12. I avoided taking my toddler to places where sweets and snacks were very visible.

- Never
- Rarely
- Sometimes
- Mostly
- Always

13. I avoided taking my toddler to places where he/she might have 'asked me for' a sweet or snack.

- Never
- Rarely
- Sometimes
- Mostly
- Always

14. (Sweets and snack foods are displayed at the counter in most shops.) When I was at the counter with my toddler I bought a sweet or snack for him/her...

- Never
- Rarely
- Sometimes
- Mostly
- Always

Please indicate your agreement with each statement by ticking the appropriate box

When it comes to sweets and snack foods like those shown in the picture...		Not at all true of me	Rarely true of me	Sometimes true of me	Mostly true of me	Always true of me
15	I had very <i>firm</i> rules about <i>what types of foods</i> I allowed my toddler to have (i.e., I stuck to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I was <i>flexible</i> about <i>what types of foods</i> I allowed my toddler to have (i.e., it depended on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I had very <i>firm</i> rules about <i>when</i> I allowed my toddler to have sweets and snack foods (i.e., I stuck to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I was <i>flexible</i> about <i>when</i> I allowed my toddler to have sweets and snack foods (i.e., it depended on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I had <i>firm</i> rules about the <i>amount</i> I allowed my toddler to have (i.e., I stuck to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I was <i>flexible</i> about the <i>amount</i> I allowed my toddler to have (i.e., it depended on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	I liked to have complete control over what types of sweets and snacks my toddler was given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I did not allow other people to give sweets and snack foods to my toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Never	Rarely	Sometimes	Mostly	Always
23	I allowed certain other people to make decisions about the types of sweets and snack foods my toddler was given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	I got upset when my toddler was given sweets and snack foods by others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	I felt guilty about giving my toddler sweets and snack foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	I felt pressured to give my toddler these foods when he/she hadn't eaten other foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	I was afraid my toddler wouldn't like me if I didn't give her the foods that he/she liked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	When it came to sweets and snack foods, I spoiled my toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	I was confident about my parenting abilities when it came to managing these foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	I worried that my toddler ate too much of these foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	I told my toddler why certain foods were only for sometimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	I explained to my toddler why certain foods were healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2

REMEMBER TO THINK BACK TO THE TODDLER YEARS (18-24 months)

- The following section is about sweets and snacks at social occasions (e.g., gatherings with friends, parties etc).
- Think about your experiences with your toddler at social occasions and answer the following questions
- Tick one response for each

1. Think about the Social Occasions (SO) in your life that you attended with your toddler (e.g., gatherings with friends, parties etc), and indicate how often sweets and snacks foods were available

- Always available
- Mostly available
- Sometimes available
- Rarely available
- Never available

2. How often was your toddler given a sweet and/or snack food at Social Occasions (SO)

- Always
- Mostly
- Sometimes
- Rarely
- Never

For each statement think specifically about Social Occasions (SO)		Not at all true of me	Rarely true of me	Sometimes true of me	Mostly true of me	Always true of me
3	At Social Occasions, I had <i>firm rules</i> about the <i>amount</i> of sweets and snack foods my toddler was allowed to eat (i.e., I stuck to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	At SO, I was <i>flexible</i> about the <i>amount</i> of sweets and snack foods my toddler was allowed to eat (i.e., it depended on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	At SO, I had <i>firm rules</i> about <i>when</i> I let my toddler eat a sweet or snack (e.g., must have something else to eat first; must be well behaved etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	At SO, I was <i>flexible</i> about <i>when</i> I let my toddler eat a sweet or snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	At SO, I had very <i>firm rules</i> about <i>what types</i> of sweets and snack foods I allowed my toddler to have (i.e., I stuck to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	At SO, I was <i>flexible</i> about <i>what types</i> of sweets and snack foods I allowed my toddler to have (i.e., it depended on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	At SO I allowed my toddler to have sweets and snack foods of <i>my choosing</i> only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	At SO I allowed my toddler to have sweets and snack foods of <i>his/her choosing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I deliberately avoided giving my toddler sweets and snack foods at SO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I avoided SO with my toddler where I knew these types foods would be available for him/her to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I attended SO with my toddler only when I was confident that there would be foods that I approved of for my toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I could manage SO well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I found that SO presented a battle for me and my toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	At SO I found that I felt pressured to give my toddler these foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

- The follow section is about your child's behaviour and reactions to sweets and snack foods when he/she was a toddler.
- Think about your experience with your toddler where these foods were concerned and indicate your agreement with each statement
- Tick one response for each

Reactions to Snack and Sweet Foods

	Not at all true of my toddler	Rarely true of my toddler	Sometimes true of my toddler	Mostly true of my toddler	Completely true of my toddler
1 My toddler sought out (or asked for) these types of foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 My toddler had a taste for these foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 If my toddler was to see these foods, he/she would have been interested in them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 If my toddler was to see these foods, he/she would have wanted them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 If my toddler was to see a sweet or snack food, he/she would have recognised it as being 'different' from other foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 4

- The following questionnaire has been used in research overseas looking at parent feeding style and their children's eating behaviour.
- We would like to know how Australian parents respond.
- Please answer all questions thinking back to the toddler years.

Child Feeding Questionnaire

		Disagree	Slightly disagree	Neutral	Slightly agree	Agree
1	I had to be sure that my toddler did not eat too many sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I had to be sure that my toddler did not eat too many high-fat foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I had to be sure that my toddler did not eat too much of his/her favourite foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I intentionally kept some foods out of my toddler's reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I offered sweets to my toddler as a reward for good behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I offered my toddler his/her favourite foods in exchange for good behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	If I did not guide or regulate my toddler's eating, he/she would have eaten too many junk foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	If I did not guide or regulate my toddler's eating, he/she would have eaten too much of her favourite foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	My toddler should always eat all of the food on his/her plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I had to be especially careful to make sure my toddler ate enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	If my toddler indicated that he/she was not hungry, I tried to get him/her to eat anyway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	If I did not guide or regulate my toddler's eating, he/she would have eaten much less than he/she should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How often did you keep track of the sweets that your toddler ate?

- Never
- Rarely
- Sometimes
- Mostly
- Always

2. How often did you keep track of the snack food that your toddler ate?

- Never
- Rarely
- Sometimes
- Mostly
- Always

3. How often did you keep track of the high fat foods that your toddler ate?

- Never
- Rarely
- Sometimes
- Mostly
- Always

4. When your toddler was at home, how often were you responsible for feeding him/her?

- Never
- Seldom
- Half the time
- Most of the time
- Always

5. How often were you responsible for deciding your toddler's portion sizes?

- Never
- Seldom
- Half the time
- Most of the time
- Always

6. How often were you responsible for deciding if your toddler had eaten the right kind of foods?

- Never
- Seldom
- Half the time
- Most of the time
- Always

7. How concerned were you that your toddler might become overweight?

- Unconcerned
- A little concerned
- Concerned
- Fairly concerned
- Very concerned

8. How concerned were you about your child eating too much when you were not around him/her?

- Unconcerned
- A little concerned
- Concerned
- Fairly concerned
- Very concerned

9. How would you have described your feelings about your toddler's weight?

- Totally unconcerned (go to question 11 and continue)
- Only a little concerned
- Moderately concerned
- Very concerned

10. Was your concern about your toddler being overweight or underweight?

- Overweight
- Underweight

11. Did you believe your toddler was vulnerable to becoming overweight?

- No
- Yes → A little vulnerable
 - Quite vulnerable
 - Very vulnerable

12. How would you have described your toddler's weight?

- A lot lighter than other children their age
- A bit lighter than other children their age
- About the same as other children their age
- A bit heavier than other children their age
- A lot heavier than other children their age

13. How would you have described your toddler's level of physical activity?

- A lot more active than other children their age
- A bit more active other children their age
- About the same as other children their age
- A bit less active than other children their age
- A lot less active than other children their age

Part 5

- So far we have asked you to think back to the toddler years. Now it's time to think about your child at present.
- We would like you to answer some of the same questions about what you think right now.
- Please answer all questions thinking about the present

Child Feeding Questionnaire

	Disagree	Slightly disagree	Neutral	Slightly agree	Agree
1 I have to be sure that my child does not eat too many sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I have to be sure that my child does not eat too many high-fat foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I have to be sure that my child does not eat too much of his/her favourite foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I intentionally keep some foods out of my child's reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I offer sweets to my child as a reward for good behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I offer my child his/her favourite foods in exchange for good behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 If I did not guide or regulate my child's eating, he/she would eat too many junk foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If I did not guide or regulate my child's eating, he/she would eat too much of her favourite foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 My child should always eat all of the food on his/her plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 I have to be especially careful to make sure my child eats enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 If my child indicates that he/she is not hungry, I try to get him/her to eat anyway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 If I did not guide or regulate my child's eating, he/she would eat much less than he/she should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How much do you keep track of the sweets that your child eats?

- Never
- Rarely
- Sometimes
- Mostly
- Always

14. How much do you keep track of the snack food that your child eats?

- Never
- Rarely
- Sometimes
- Mostly
- Always

15. How much do you keep track of the high fat foods that your child eats?

- Never
- Rarely
- Sometimes
- Mostly
- Always

16. When your child is at home, how often are you responsible for feeding him/her?

- Never
- Seldom
- Half the time
- Most of the time
- Always

17. How often are you responsible for deciding your child's portion sizes?

- Never
- Seldom
- Half the time
- Most of the time
- Always

18. How often are you responsible for deciding if your child has eaten the right kind of food?

- Never
- Seldom
- Half the time
- Most of the time
- Always

Your Child's Weight

19. During the first year of life my child was...

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

20. As a toddler my child was...

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

21. As a pre-schooler my child is...

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

22. How concerned are you about your child becoming overweight?

- Unconcerned
- A little concerned
- Concerned
- Fairly concerned
- Very concerned

23. How concerned are you about your child eating too much when you are not around him/her?

- Unconcerned
- A little concerned
- Concerned
- Fairly concerned
- Very concerned

24. How concerned are you about your child having to diet to maintain a desirable weight?

- Unconcerned
- A little concerned
- Concerned
- Fairly concerned
- Very concerned

25. Do you believe your child is vulnerable to becoming overweight?

- No
- Yes → A little vulnerable
- Somewhat vulnerable
- Very vulnerable

Your Weight

Could you please indicate your weight during

26. Your Childhood (5 to 10 years)

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

27. Your adolescence

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

28. Your 20s

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

29. At present

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

30. What is your current weight? _____ kg

(use a scale to measure if possible)

- This was measured with a scale
- This is my best guess

31. What is your current height? _____ cm

- I know this to be correct
- This is my best guess

Please complete the background information on the following page.

Your Background

1. Your Date of Birth ____/____/____

2. Your Occupation (be specific)

(indicate usual job if not currently working)

3. Highest level of education completed

- Some high school
- Completed high school
- Tech, Trade or TAFE qualification
- University
- Post graduate studies

4. Which of the following describes the culture(s) that most influence your feeding practices (tick every option that applies)

- Aboriginal/ Torres Strait Island
- German
- Greek
- Australian
- Indian
- British
- Irish
- Chinese
- Italian
- Dutch
- Scottish
- English
- Vietnamese
- Other (please specify) _____

Your Child and Your Family

5. Child's Date of Birth ____/____/____

6. Child's Sex

- Male
- Female

7. Child's birth weight _____

(please indicate whether lb, g, or kg)

8. Duration of Breastfeeding _____

- I did not breastfeed (tick if applicable)

9. Does your child have siblings?

- No
- Yes → how many? _____

Thank you. Please return the questionnaire in the reply paid envelope provided.

APPENDIX H

Toddler Feeding Questionnaire Items

Toddler Feeding Questionnaire Items

Rules

1. I have very firm rules about the amount I allow my toddler to have (SO)
2. I have very firm rules about when I allow my toddler to have S&S (SO)
3. I allow my toddler to have S&S of my choosing only
4. I have very firm rules about the amount I allow my toddler to have
5. I have very firm rules about what types of foods I allow my toddler to have (SO)
6. I like to have complete control over what types of S&S my toddler is given
7. I have very firm rules about what types of foods I allow my toddler to have
8. I have very firm rules about when I allow my toddler to have S&S
9. I attend social occasions with my toddler when I am confident that there will be foods I approve of for my him/her
10. I allow my toddler to have S&S of his/her choosing

Response Scale

Not at all true of me

Rarely true of me

Sometimes true of me

Mostly true of me

Always true of me

Child's Attraction

1. If my toddler were to see these foods he/she would want them
2. If my toddler were to see these foods he/she would be interested in them
3. If my toddler were to see a S&S he/she would recognise it as being 'different' from other foods
4. My toddler has a taste for these foods
5. My toddler seeks out or asks for these types of foods

Response scale

Not at all true of my toddler

Rarely true of my toddler

Sometimes true of my toddler

Mostly true of my toddler

Always true of my toddler

Self-efficacy

1. I find that I feel pressured to give my toddler these foods (SO)¹
2. I feel guilty about giving my toddler sweets and snack foods
3. I'm afraid my toddler won't like me if I don't give him/her the foods that he/she likes
4. I feel pressured to give my toddler these foods when he/she hasn't eaten other foods
5. I'm confident about my parenting abilities when it comes to managing these foods
6. I worry that my toddler eats too much of these foods
7. I find that social occasions present a battle for me and my toddler¹
8. I can manage social occasions well¹
9. I avoid social occasions with my toddler where I know these types of foods will be available for him/her to eat¹

Response scale

Never

Rarely

Sometimes

Mostly

Always

Response scale¹

Not at all true of me

Rarely true of me

Sometimes true of me

Mostly true of me

Always true of me

Flexibility

1. I am flexible about when I allow my toddler to have S&S
2. I am flexible about what types of foods I allow my toddler to have
3. I am flexible about what types of foods I allow my toddler to have (SO)
4. I am flexible about when I allow my toddler to have S&S (SO)
5. I am flexible about the amount I allow my toddler to have
6. I am flexible about the amount I allow my toddler to have (SO)

Response Scale:

Not at all true of me

Rarely true of me

Sometimes true of me

Mostly true of me

Always true of me

Allow Access

1. Thinking about the types of foods like those shown in the picture, my toddler is aware of¹
Thinking about S&S like those in the picture, I would allow my toddler to eat²
2. Thinking about S&S like those in the picture, I would prevent my toddler from eating²
3. Your toddler 'asks for' (includes gestures if your toddler doesn't not talk) a sweet or snack food³
4. I would give my toddler a sweet or snack food³
5. Your toddler 'asks you' to give him/her some more of a sweet or snack food³
6. When I am at a shop counter where S&S are available I buy something for my toddler⁴
7. In my home there are S&S that my toddler can see but can't reach⁴
8. In my home there are S&S that my toddler can access by himself/herself⁴
9. When it comes to sweets and snack foods I spoil my toddler (never, rarely, s/times, mostly, always)⁴
10. My home is free of sweets and snack food⁴
11. How often is your toddler given S&S at social occasions?⁴

Response scale¹	Response scale²	Response scale³	Response scale⁴
Unaware of all	None of these	Never	Never
Unaware of many	Some of these	Less than once a week	Rarely
Aware of some	About half of these	1 to 3 times a week	Sometimes
Aware of many	Most of these	4 to 7 times a week	Mostly
Aware of all	All of these	At least once a day	Always

Note. S&S = sweets and snacks, SO = social occasions

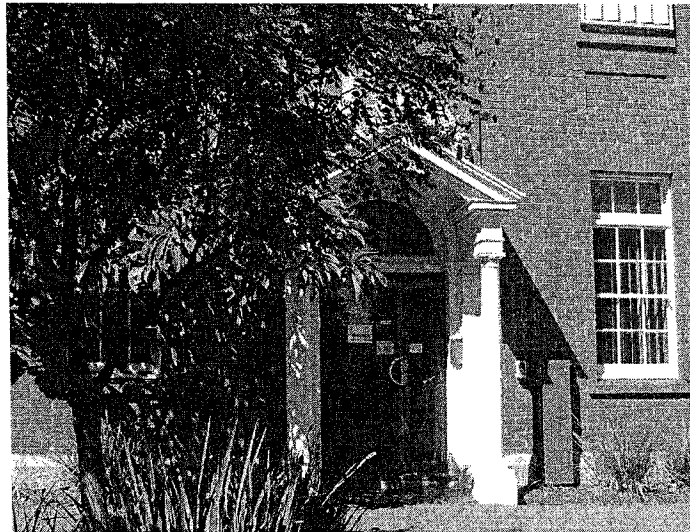
APPENDIX I

Questionnaires and Materials (Chapter 6)

A Day at CSIRO



*You will meet
Nadia.*



*We will go in
this building*



*There will be
toys
to play with*



Volunteer Questionnaire

In this form, we ask general questions about yourself and your child. The information collected from this form is kept strictly confidential with only the research staff having access to the locked study database.

Dr/Mr/Mrs/Miss/Ms

Male

Surname

Given Names

Female

ADDRESS:

.....

..... Post Code.....

E-mail.....

CONTACT NUMBERS - We may need to contact you by telephone. Please fill in your telephone numbers.

.....

Work

.....

Mobile

.....

Home

.....

Fax

Please tick (✓) the number at which we are most likely to contact you from Monday to Friday between 9-5pm.

AGE - WHAT IS YOUR AGE Years

DATE OF BIRTH - WHAT IS YOUR DATE OF BIRTH? Day Month Year

HEIGHT - PLEASE INDICATE YOUR HEIGHT Cms **BMI**(office use only)

WEIGHT - WHAT IS YOUR WEIGHT? Kg

HIGHEST LEVEL OF EDUCATION

some high school completed high school tech, trade or TAFE qualification University

USUAL OCCUPATION - if retired/not working please state previous occupation

HAVE YOU BEEN INVOLVED OR APPLIED FOR ANY PREVIOUS CSIRO STUDIES? YES / NO

HAVE YOU BEEN IN ANY OTHER RESEARCH STUDIES? (If yes please list below) YES / NO

YEAR	STUDY

MEDICAL

DOES YOUR CHILD HAVE ANY CONGENITAL OR METABOLIC ABNORMALITIES THAT AFFECT GROWTH OR EATING (e.g., major congenital heart defects, cystic fibrosis, PKU etc) **YES / NO**

If yes, please describe

DIET

SPECIAL/MODIFIED DIET - Does your child follow a special eating pattern or modified diet? **YES / NO**

If yes, please briefly describe

Who advised this (e.g. doctor, self, dietician)?

Are there any foods that your child does not or cannot eat? (eg aversion/allergies/intolerances) **YES / NO**

If yes, please briefly describe

RESPONSIBILITY FOR FOOD CHOICES – as the primary caregiver, are you responsible for choosing the food in your child’s diet most of time? **YES / NO**

TRAVEL

Please outline below any possible **travel commitments** or **travel plans** you may have in the near future.

.....
.....

BREAKFAST OPTION 1: Breakfast Recording Sheet

Menu

- Weet-Bix with milk
- Fruit salad, canned in natural juice (drained)

Instructions

1. Record what you toddler was given for breakfast in 'Actual Quantity Served' (use a kitchen scale if possible)
2. When your child has finished eating estimate how much was eaten of the food that was served (as a percentage). Remember to take into account any food that was lost due to spillage and do not include this in the percentage consumed.
3. List any other foods and drinks that were given, and record the '**actual quantity served**' and '**percentage of serving that was consumed**' in the table.
4. If you give your child something to eat after breakfast but before you arrive at CSIRO, please write this on the sheet. If your toddler doesn't eat every menu item at breakfast time you may wish to offer the food that was not eaten later in the morning as a snack.

Time	Breakfast Option 1: Description of food and amount of food consumed			
	Food	Recommended Quantity	Actual Quantity Served	Estimate percentage of serving that was consumed (e.g., 50%)
	Weet-Bix (regular)	2		
	Milk, Whole	200mL		
	Fruit salad, canned in natural juice, drained	150g		
	Other Foods			

Comments
Please note any problems or difficulties, particularly anything that was uncharacteristic about your toddler's eating this morning (e.g., child was feeling unwell)

BREAKFAST OPTION 2: Breakfast Recording Sheet

Menu
<ul style="list-style-type: none"> • Wholemeal bread (60g – approx 1 ½ small slices) • Cheddar Cheese (20g) • Fruit salad – canned in natural juice (150g)

Instructions

1. Record what you toddler was given for breakfast in ‘Actual Quantity Served’ (use a kitchen scale if possible)
2. When your child has finished eating estimate how much was eaten of the food that was served (as a percentage). Remember to take into account any food that was lost due to spillage and do not include this in the percentage consumed.
3. List any other foods and drinks that were given, and record the ‘**actual quantity served**’ and ‘**percentage of serving that was consumed**’ in the table.

Time	Breakfast Option 1: Description of food and amount of food consumed			
	Food	Recommended Quantity	Actual Quantity Served	Estimate percentage of serving that was consumed (e.g., 50%)
	Wholemeal bread	60g		
	Cheddar Cheese	20g		
	Fruit salad, canned in natural juice	150g		
	Other Foods			
Comments Please note any problems or difficulties, particularly anything that was uncharacteristic about your toddler’s eating this morning (e.g., child was feeling unwell)				

BREAKFAST OPTION 3: Breakfast Recording Sheet

Menu

- Wholemeal bread (40g – approx 1 large slice) with polyunsaturated margarine and vegemite
- Yoghurt, regular fat, fruit flavoured (100g)
- Fruit salad – canned in natural juice (150g)

Instructions

1. Record what you toddler was given for breakfast in 'Actual Quantity Served' (use a kitchen scale if possible)
2. When your child has finished eating estimate how much was eaten of the food that was served (as a percentage). Remember to take into account any food that was lost due to spillage and do not include this in the percentage consumed.
3. List any other foods and drinks that were given, and record the '**actual quantity served**' and '**percentage of serving that was consumed**' in the table.

Time	Breakfast Option 1: Description of food and amount of food consumed			
	Food	Recommended Quantity	Actual Quantity Served	Estimate percentage of serving that was consumed (e.g., 50%)
	Wholemeal bread with margarine and vegemite	40g		
	Yoghurt	100g		
	Fruit salad, canned in natural juice	150g		
	Other Foods			
Comments				
Please note any problems or difficulties, particularly anything that was uncharacteristic about your toddler's eating this morning (e.g., child was feeling unwell)				

Instructions:

Think back over the last 3 months and record how often your toddler was given a sweet food or snack food as a treat. We are interested in how often your toddler had a treat food, not how much they ate each time.

Example: If your toddler has eaten salty biscuits like mini ritz once every day (but less than twice a day), you would record like this

TIMES YOUR CHILD HAS EATEN	N E V E R	Less than once	1 to 3 times	1 time	2 times	3 to 4 times	5 to 6 times	1 time	2 times	3 or more times
		PER MONTH			PER WEEK				PER DAY	
Salty, flavoured or cheesy crackers E.g. In-a-biskit, Shapes, mini ritz, jatz	o	o	o	o	o	o	o	<input checked="" type="checkbox"/>	o	o

Complete the following table for each food type. Tick one box per line

TIMES YOUR CHILD HAS EATEN	N E V E R	Less than once	1 to 3 times	1 time	2 times	3 to 4 times	5 to 6 times	1 time	2 times	3 or more times
		PER MONTH			PER WEEK				PER DAY	
Salty, flavoured or cheesy crackers E.g. In-a-biskit, Shapes, mini ritz, jatz	o	o	o	o	o	o	o	o	o	o
Sweet biscuits E.g. Yoyo, wiggles biscuits, tiny teddy, any plain sweet biscuit	o	o	o	o	o	o	o	o	o	o
Cakes and other sweet pastries E.g. cinnamon doughnut, baker's delight buns, any sweet cake etc	o	o	o	o	o	o	o	o	o	o
Chips and Crisps E.g. plain and flavoured chips, cheezels etc	o	o	o	o	o	o	o	o	o	o
High fat, high sugar dairy snacks E.g. Yogo, custards, ice-cream etc	o	o	o	o	o	o	o	o	o	o

Foods in the Study

Here is a list of foods that were chosen for this study. For each food please indicate how often your toddler has had this to eat in the past 3 months.

Complete the following table for each food type. Tick one box per line

TIMES YOUR CHILD HAS EATEN	N E V E R	Less than once	1 to 3 times	1 time	2 times	3 to 4 times	5 to 6 times	1 time	2 times	3 or more times
		PER MONTH			PER WEEK				PER DAY	
Mini Ritz	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tiny Teddies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cinnamon Doughnut	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Banana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watermelon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wholemeal bread with vegemite	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TODDLER FEEDING QUESTIONNAIRE

1. Thinking about the types of foods like those shown on the front page⁹, my toddler is

- Is unaware of all (or most)
- Is unaware of many
- Is aware of some
- Is aware of many
- Is aware of all (or most)

2. Thinking about sweets and snacks like those in the picture, I would allow my toddler to eat

- None of these
- Some of these
- About half of these
- Most of these
- All of these

3. In my home there are sweets and snacks that my toddler can access by himself/herself

- Never
- Rarely
- Sometimes
- Mostly
- Always

4. I would give my toddler a sweet or snack food

- Never
- Less than once a week
- 1 to 3 times a week
- 4- 7 times a week
- At least once a day

5. In my home that are sweets and snack foods that my toddler can see but can't reach

- Never
- Rarely
- Sometimes
- Mostly
- Always

6. My home is free of sweets and snack foods

- Never
- Rarely
- Sometimes
- Mostly
- Always

7. When it comes to sweets and snack foods I spoil my toddler

- Never
- Rarely
- Sometimes
- Mostly
- Always

8. Your toddler 'asks you' to give him/her some more of a sweet or snack food

- Never
- Less than once a week
- 1 to 3 times a week
- 4- 7 times a week
- At least once a day

⁹ Picture not shown due to copyright restrictions.

**9. Your toddler 'asks for'
(includes actions if your toddler
does not talk) a sweet or snack food**

- Never
- Less than once a week
- 1 to 3 times a week
- 4- 7 times a week
- At least once a day

**10. Think about the social occasions that you
attend with your toddler (e.g., gatherings with
friends, parties etc) and indicate how often sweets
and snack foods are available**

- Never
- Rarely
- Sometimes
- Mostly
- Always

**11. (Sweets and snack foods are displayed at the
counter in many shops.) When I am at the counter
with my toddler I buy a sweet or snack for
him/her...**

- Never
- Rarely
- Sometimes
- Mostly
- Always

**12. Thinking about sweets and snack foods like
those in the picture, I would prevent my toddler
from eating**

- None of these
- Some of these
- About half of these
- Most of these
- All of these

TODDLER FEEDING QUESTIONNAIRE

R = Rules

FL = Flexibility

SE = Self-efficacy

CA = Child's Attraction

	Not at all true of me	Rarely true of me	Sometimes true of me	Mostly true of me	Always true of me
R I have very <i>firm</i> rules about <i>what types of foods</i> I allow my toddler to have (i.e., I stick to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL I am <i>flexible</i> about <i>what types of foods</i> I allow my toddler to have (i.e., it depends on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R I have very <i>firm</i> rules about <i>when</i> I allow my toddler to have sweets and snack foods (i.e., I stick to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL I am <i>flexible</i> about <i>when</i> I allow my toddler to have sweets and snack foods (i.e., it depends on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R I have <i>firm</i> rules about the <i>amount</i> I allow my toddler to have (i.e., i.e., I stick to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL I am <i>flexible</i> about the <i>amount</i> I allow my toddler to have (i.e., it depends on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R I like to have complete control over what types of sweets and snacks my toddler is given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Never	Rarely	Sometimes	Mostly	Always
SE I allow certain other people to make decisions about the types of sweets and snack foods my toddler is given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE I feel guilty about giving my toddler sweets and snack foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE I feel pressured to give my toddler these foods when he/she hasn't eaten other foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE I'm afraid my toddler won't like me if I don't give her the foods that he/she likes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE I'm confident about my parenting abilities when it comes to managing these foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each statement think specifically about Social Occasions (SO)

	Not at all true of me	Rarely true of me	Sometimes true of me	Mostly true of me	Always true of me
R At SO , I have <i>firm rules</i> about the <i>amount</i> of sweets and snack foods my toddler is allowed to eat (i.e., I stick to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL At SO , I am <i>flexible</i> about the <i>amount</i> of sweets and snack foods my toddler is allowed to eat (i.e., it depends on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R At SO , I have <i>firm rules</i> about <i>when</i> I let my toddler eat a sweet or snack (e.g., must have something else to eat first; must be well behaved etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL At SO , I am <i>flexible</i> about <i>when</i> I let my toddler eat a sweet or snack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R At SO , I have very <i>firm rules</i> about <i>what types</i> of sweets and snack foods I allow my toddler to have (i.e., I stick to this regardless of the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FL At SO , I am <i>flexible</i> about <i>what types</i> of sweets and snack foods I allow my toddler to have (i.e., it depends on the situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R At SO I allow my toddler to have sweets and snack foods of <i>my choosing</i> only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FI At SO I allow my toddler to have sweets and snack foods of <i>his/her choosing</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE I deliberately avoid giving my toddler sweets and snack foods at SO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE I avoid SO with my toddler where I know these types foods will be available for him/her to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R I attend SO with my toddler only when I am confident that there will be foods that I approve of for my toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE I can manage SO well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE I find that SO present a battle for me and my toddler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SE At SO I find that I feel pressured to give my toddler these foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reactions to Snack and Sweet Foods

	Not at all true of my toddler	Rarely true of my toddler	Sometimes true of my toddler	Mostly true of my toddler	Completely true of my toddler
R My toddler has a taste for these foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R If my toddler was to see these foods, he/she would be interested in them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R If my toddler was to see these foods, he/she would want them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R If my toddler was to see a sweet or snack food, he/she would recognise it as being 'different' from other foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R My toddler seeks out (or asks for) these types of foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHILD FEEDING QUESTIONNAIRE

The following questionnaire has been used in research overseas looking at parent feeding style and their children's eating behaviour.

We would like to know how Australian parents respond.

Please answer all questions.

Child Feeding Questionnaire

		Disagree	Slightly disagree	Neutral	Slightly agree	Agree
1	I have to be sure that my child does not eat too many sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I have to be sure that my child does not eat too many high-fat foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I have to be sure that my child does not eat too much of his/her favourite foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I intentionally keep some foods out of my child's reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I offer sweets to my child as a reward for good behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I offer my child his/her favourite foods in exchange for good behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	If I did not guide or regulate my child's eating, he/she would eat too many junk foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	If I did not guide or regulate my child's eating, he/she would eat too much of her favourite foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	My child should always eat all of the food on his/her plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I have to be especially careful to make sure my child eats enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	If my child indicates that he/she is not hungry, I try to get him/her to eat anyway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	If I did not guide or regulate my child's eating, he/she would eat much less than he/she should	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How much do you keep track of the sweets that your toddler eats?

- Never
- Rarely
- Sometimes
- Mostly
- Always

2. How much do you keep track of the snack food that your toddler eats?

- Never
- Rarely
- Sometimes
- Mostly
- Always

3. How much do you keep track of the high fat foods that your toddler eats?

- Never
- Rarely
- Sometimes
- Mostly
- Always

4. When your toddler is at home, how often are you responsible for feeding him/her?

- Never
- Seldom
- Half the time
- Most of the time
- Always

5. How often are you responsible for deciding your toddler's portion sizes?

- Never
- Seldom
- Half the time
- Most of the time
- Always

6. How often are you responsible for deciding if your toddler has eaten the right kind of food?

- Never
- Seldom
- Half the time
- Most of the time
- Always

Your Child's Weight

7. During the first year of life my child was...

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

8. As a toddler my child is...

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

9. How concerned are you that your toddler might become overweight?

- Unconcerned
- A little concerned
- Concerned
- Fairly concerned
- Very concerned

10. How concerned are you about your toddler eating too much when you are not around him/her?

- Unconcerned
- A little concerned
- Concerned
- Fairly concerned
- Very concerned

11. How would you describe your current feelings about your toddler's weight?

- Totally unconcerned (go to question 13 and continue)
- Only a little concerned
- Moderately concerned
- Very concerned

12. Is your concern about your toddler being overweight or underweight?

- Overweight
- Underweight

13. Do you believe your toddler is vulnerable to becoming overweight?

- No
- Yes → A little vulnerable
- Somewhat vulnerable
- Very vulnerable

Your Weight

Could you please indicate your weight during

14. Your Childhood (5 to 10 years)

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

15. Your adolescence

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

16. Your 20s

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

17. At present

- Markedly underweight
- Underweight
- Normal
- Overweight
- Markedly overweight

		1. Never	2.	3.	4.	5. Always
How often are you...?						
1	...firm about what your toddler should eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	...firm about when your toddler should eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	...firm about where your toddler should eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	...firm about how much your toddler should eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	How often do you encourage your toddler to eat more if you feel that they have not eaten enough that day or that mealtime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you...?						
6	...avoid going to cafes or restaurants with your toddler which sell unhealthy foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	...avoid buying sweets or chips and bringing them into the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	...not buy foods that you would like because you do not want your toddler to have them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	...try not to eat unhealthy foods when your toddler is around?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	...avoid buying biscuits and cakes and bringing them into the house?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>